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**ORANGE COUNTY SOCIAL SERVICES AGENCY  
CFS OPERATIONS MANUAL**

**Effective Date: February 21, 2000**  
**Current Revision Date: October 3, 2016**

**Number: H-0112**

## **Foster Care Rates**

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**Purpose** To provide guidelines for determining a foster care rate for a child residing in out-of-home placement based on overall care needs.

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**Approved** This policy was approved by Gary Taylor, Director of CFS, on October 3, 2016. *Signature on file.*

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**Most Recent Revision** This Policy and Procedure (P&P) includes:

- Clarification of reimbursement rate for funeral expenses
- Adjustment in procedures for Funeral expenses and Dual Agency rates shown in [Attachment 4—Suggested Guidelines for Rate Setting](#)
- Adjustment to Dual Agency procedure in [Attachment 4—Suggested Guidelines for Rate Setting](#) to comply with the requirements of CDSS ACL-16-54
- Reclassification of relative, NREFM, licensed foster homes and NMD placements as Resource Family Approval (RFA) homes
- Adjustment in the Basic rate procedure and the addition of an Emergency placement rate procedure in [Attachment 4—Suggested Guidelines for Rate Setting](#) to reflect changes resulting from implementation of RFA.

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## Background

Aid to Families with Dependent Children-Foster Care (AFDC-FC) financially supports children in county-licensed/approved foster homes, certified foster homes, approved relative homes, non-relative extended family member (NREFM) homes, and other state-licensed foster or group homes. Foster care rates are based on the child's placement needs and are reviewed annually, biannually, or when there is a change in the child's circumstance.

Children in out-of-home care are placed in eligible settings consistent with their best interest and special needs that are least restrictive, and are in close proximity to the home of their family and school of origin. To support a child's special needs (e.g., medical, developmental, emotional, or behavioral) requiring specialized care or equipment, supplemental funding in the form of a Special Care Increment (SCI) is added to the basic foster care rate to secure and maintain the child placement in the least restrictive setting.

Substantial changes have occurred in the majority of rate categories due to the resolution of several court cases filed against the California Department of Social Services (CDSS). The case of *California Alliance of Child and Family Services v. Cliff Allenby, et al*, effective December 14, 2009, implemented a new schedule of increased Group Home (GH) rates, Rate Classification Levels (RCLs), and Wraparound rates.

Effective July 1, 2010, GH and Wraparound rates were adjusted based on a change in the California Necessities Index (CNI).

The settlement of *California State Foster Parent Association et al v. William Lightbourne et al*. changed the basic methodology for calculating foster care, Adoption Assistance, and Kin-GAP rates effective May 1, 2011. These rates are also adjusted annually for changes in the CNI, effective July 1, 2011.

Effective September 20, 2011, the state supplemental clothing allowance was eliminated.

Retroactive to January 1, 2010, caregivers are reimbursed educational travel expenses for transporting dependent children, grades kindergarten through 12<sup>th</sup> grade, to their school of origin.

With the passage of Senate Bill (SB) 1712, the federal definition of relative was changed for Kin-GAP purposes which allows for additional classes of caregivers to qualify as fictive relatives.

With the passage of AB 403 in October of 2015, California implemented recommendations from the Continuum of Care Reform (CCR) reform of the foster care system. One aspect of CCR is Resource Family Approval (RFA), a single unified process for approving individuals and families for foster care, legal guardianship, and adoption, which Orange County initiated on February 16, 2016.

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## Definitions

For purposes of this P&P, the following apply:

**Group Home (GH):** A non-detention, privately-operated residential home, organized and operated solely on a nonprofit basis that provides services in a group setting to children in need of care and supervision.

**Kinship Guardian (State KinGAP):** A relative who has been appointed the legal guardian of a dependent child pursuant to Welfare and Institutions Code (WIC) §§ 366.26 or 360 or a ward of the Juvenile Court pursuant to WIC § 728(d).

**Kinship Guardian (Federal KinGAP):** Kinship guardian means a person who meets both of the following criteria:

- (1) He or she has been appointed the legal guardian of a dependent child pursuant to Section 366.26 or Section 360 or a ward of the juvenile court pursuant to subdivision (d) of Section 728.
- (2) He or she is a relative of the child.
  - (a) "Relative," subject to federal approval of amendments to the state plan, means any of the following:
    - (1) An adult who is related to the child by blood, adoption, or affinity within the fifth degree of kinship, including stepparents, stepsiblings, and all relatives whose status is preceded by the words "great," "great-great," or "grand" or the spouse of any of those persons even if the marriage was terminated by death or dissolution.
    - (2) An adult who meets the definition of an approved, nonrelated extended family member, as described in Section 362.7.
    - (3) An adult who is either a member of the Indian child's tribe, or an Indian custodian, as defined in Section 1903(6) of Title 25 of the United States Code.
    - (4) An adult who is the current foster parent of a child under the juvenile court's jurisdiction, who has

established a significant and family-like relationship with the child, and the child and the county child welfare agency, probation department, Indian tribe, consortium of tribes, or tribal organization that has entered into an agreement pursuant to Section 10553.1 identify this adult as the child's permanent connection.

(b) "Sibling" means a child related to the identified eligible child by blood, adoption, or affinity through a common legal or biological parent.

**Nontreatment Agency (FFA):** A FFA that certifies/approves a home for the placement of a child pending the child's adoption by that family. A non-treatment agency does not provide therapeutic services.

**Legal Guardian:** A person who is given the legal authority and responsibility to care for a child.

**Non-Relative Extended Family Member (NREFM):** Per WIC § 362.7, an adult caregiver who has an established familial relationship with a relative of the child, as defined in WIC § 361.3(c)(2).

**Personal and Incidental (P&I):** The monthly SSI/SSP cash grant made to eligible regional center clients in out of home placement for the personal and incidental needs of the client. These funds are usually retained by the care provider for the recipient. The recipient can use these funds for any purpose he chooses. There are no State regulations that detail what are the appropriate uses of personal and incidental funds in the regional center system.

**Relative:** An adult who is related to the child by blood, adoption, or affinity within the fifth degree of kinship, including stepparents, stepsiblings, and all relatives whose status is preceded by the words "great," "great-great," or "grand" or the spouse of any of these persons even if the marriage was terminated by death or dissolution.

**Resource Family:** An individual or couple that a County determines to have successfully met the RFA application and assessment criteria necessary for providing care for a child or nonminor dependent who is under the jurisdiction of the juvenile court, or otherwise in the care of a county child welfare agency or probation department.

**Treatment Agency (FFA):** An FFA that provides therapeutic services to children who reside in certified family homes. The services, which are identified by social work staff assessing the child(ren)'s needs, may include, but not be limited to, education and mental health services, sexual or physical abuse counseling, alcohol or drug abuse counseling, and vocational training, and determining the appropriate individual case plan to ensure those needs are met.

**Tribal specific home:** A family home which is used only for the placement of an Indian child and which has been licensed, approved, or specified by that Indian child's tribe.

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## POLICY

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### **Foster Care Rates and Rate Setting**

Pursuant to WIC § 11460, the foster care rate will be based on the individual child, guardian youth, or adoptee's basic needs and specialized care requirements (i.e., care beyond typical expectations for a foster child based on age), if any. Rates will be adjusted as needs or circumstances change.

The following sections provide rate information, required forms used for rate setting, and required approval. Completed, approved documents will be forwarded to Foster Care (FC) Eligibility for processing.

### **Resource Family—Dependent Basic Rate**

Basic standardized rates are paid on behalf of eligible children placed in:

- Resource family homes
- Tribal specific homes

Resource family homes were designated in previous versions of this policy as relative, NREFM, licensed foster homes, or NMD placements (except Supervised Independent Living Placements [SILPS]).

Pursuant to All County Information Notice (ACIN) I-05-10, the basic rate is exclusive of any specialized care increment (SCI). Pursuant to WIC § 11461, basic rates are set by California Department of Social Services (CDSS) and increased annually by the change in the CNI.

Basic rates are determined by type of placement and the child's age. If the child is placed in a resource family home (relative) and not federally eligible for AFDC-FC, the caregiver will be referred to CalWORKs.

FC Eligibility will make the determination of federal or state linkage. The basic rate will be indicated on placement forms requiring rate amount.

Pursuant to WIC § 11460(b), the basic rate includes, but is not limited to, the cost of providing food, clothing, shelter, daily supervision, school supplies, and personal incidentals. In addition, the basic rate is allowed to include the cost of providing reasonable travel (educational travel paid separately) to parent-child visitation and liability insurance which covers the child.

**Required approval:** Senior Social Worker (SSW)

- Required forms:**
- *Foster Care Application (FCApp) Information (F063-28-307)* for initial placement rate
  - *Placement Information Change(PIC) Notice (F063-28-301)* for subsequent placement rate
  - *Statement of Facts Supporting Eligibility for AFDC-Foster Care (FC 2)* (refer to [CWS/CMS Data Entry Standards—Generating the FC 2](#))
  - *Foster Child's Data Record and AFDC-FC Certification (SOC 158A)* (refer to [CWS/CMS Data Entry Standards—Generating the SOC 158A](#))

See [Attachment 1—Foster Care Rates](#) for rate chart and [Attachment 4—Suggested Guidelines for Rate Setting](#).

**Non-Related  
Legal  
Guardian  
(NRLG)—  
Basic Rate**

Pursuant to WIC § 11405, basic standardized rates will be paid to an eligible child living with a NRLG based on the child's age and date of dependency termination. The benefit payment will begin in the month of termination and continue until the child reaches age 18.

A child living with a NRLG is also eligible for a SCI. Refer to respective policy sections on SCI for additional information.

**Required approval:** SSW

- Required forms:**
- *Placement Information Change(PIC) Notice (F063-28-301)*
  - *Foster Child’s Data Record and AFDC-FC Certification (SOC 158A)* (refer to [CWS/CMS Data Entry Standards—Generating the SOC 158A](#))
  - *Letters of Guardianship (JV-330)*
  - Minute Order terminating dependency

See [Attachment 2—State and Federal Kin-GAP and Non-Related Legal Guardian \(NRLG\)](#) for rate chart and [Attachment 4—Suggested Guidelines for Rate Setting](#).

**Relative  
Guardianship  
Homes—  
KinGAP Basic  
Rate**

Pursuant to WIC § 11364 and 11387, and ACL 11-15, basic standardized rates are paid on behalf of eligible Kin-GAP recipients based on age and date of dependency termination. The basic rate is adjusted annually according to changes in the CNI. The Kin-GAP payment begins in the month dependency is terminated and continues to age 18, subject to the following exceptions:

- The relative guardian elects to receive Kin-GAP payments to age 21 for a youth who has a physical or mental disability that warrants continuation of assistance, **–Or–**
- The youth qualifies to continue to receive benefits to age 19 based on the school completion rule (WIC § 11403.01)

The Kin-GAP rate is a negotiated rate that allows for the addition of a SCI. The rate cannot exceed the total of the Resource Family rate plus any SCI had the child remained in foster care. The Kin-GAP program allows an SCI if the child was receiving AFDC-FC SCI payments in the month preceding termination of dependency.

With the issuance of ACL 14-28, the federal definition for Kin-GAP guardian was expanded, allowing for additional classes of caregivers to qualify as a Kin-GAP relative. Known as “fictive” relatives, these Kin-GAP guardians must meet the same Federal Eligibility criteria as a traditional relative as defined in WIC § 11391(c) (1).

The Kin-GAP recipient is also eligible for a dual agency rate and infant supplement. Additionally, Kin-GAP youth are eligible for age related increases to the basic rate.

In the event the Kin-GAP guardian and child reside either out-of-county or out-of-state, the host county, host state, or Orange County rate will be used at the time of transition to Kin-GAP. CFS P&P [Kin-GAP \(H-0113\)](#) provides complete details regarding identification of the appropriate rate.

A reassessment which reviews the needs of the Kin-GAP child, or circumstances of the relative guardian, will be performed no less frequently than every two years or as needed following inclusion in the Kin-GAP Program.

**Required approval:** SSW

- Required forms:**
- *Kin-GAP Packet Request Memo (F063-25-668)*
  - *Placement Information Change(PIC) Notice (F063-28-301)*
  - *Foster Child's Data Record and AFDC-FC Certification (SOC 158A)* (refer to [CWS/CMS Data Entry Standards—Generating the SOC 158A](#))
  - *Statement of Facts Supporting Eligibility for Kinship Guardianship Assistance Payment (Kin-GAP) Program (KG 2)*
  - *Agency-Relative Guardianship Disclosure (SOC 369)*
  - *Kinship Guardianship Assistance Payment Program Agreement Amendment (SOC 369A)*
  - *Letters of Guardianship (JV-330)*
  - Minute Order terminating dependency

See [Attachment 2—State and Federal Kin-GAP and Non-Related Legal Guardian \(NRLG\)](#) for rate chart and [Attachment 4—Suggested Guidelines for Rate Setting](#).

**Adoption Assistance Program (AAP) Basic Rate**

Pursuant to WIC §§ 16120 and 16121, and ACL 12-45, basic AAP rates are determined by the child's age at adoptive placement, date initial *Adoption Assistance Agreement (AD 4320)* is signed, and date of finalization of adoption.



The basic rate may be enhanced by an SCI for a child with special needs. The overall rate is a negotiated rate based on the needs of the child and the circumstances of the family. Basic rates are set by CDSS and increase annually by the change in the CNI.

Depending on the date the initial *Adoption Assistance Agreement (AD 4320)* is signed and date of finalization of adoption, the child may be eligible for age-related increases. In all cases, the child will not be eligible for age-related increase if the initial *Adoption Assistance Agreement (AD 4320)* is signed on or after January 1, 2010.

Pursuant to CDSS ACL 12-18, the Placement Focus SSW or AAP SSW will document the process of assessing the child's needs and discussions with the family resulting in an approved negotiated AAP benefit.

The Placement Focus SSW, Placement Focus supervisor and the adoptive family will sign the *Adoption Assistance Program Negotiated Benefit Amount and Approval (AAP 6)* prior to execution of the *Adoption Assistance Program (AAP) Agreement (AD 4320)*.

Pursuant to WIC § 16120, AAP may continue beyond age 18 if the adoptee is under 21 years of age and has a mental or physical handicap that warrants the continuation of assistance.

Eligibility for AAP is based on criteria set forth in CFS P&P [Adoption Assistance Program \(AAP\) \(C-0501\)](#).

**Required approval:** Adoption Home-study SSW

**Required forms:**

- *Request for Adoption Assistance Program Benefit (AAP 1)*
- *AAP Packet Request Memo (F063-25-631)*
- *Eligibility Certification–Adoption Assistance Program (AAP 4)*
- *Determination of Federal AFDC-FC Eligibility (FC 3)*
- *Federal Eligibility Certification for Adoption Assistance Program (FC 8)*
- *Payment Instructions–Adoption Assistance Program (AAP 2)*
- *Adoption Assistance Program Agreement (AD 4320)*

- *Adoption Assistance Program Negotiated Benefit Amount and Approval (AAP 6)*
- *AAP Reporting Responsibilities (Eligibility form)*

See [Attachment 3—Adoption Assistance Program Rates](#) for rate chart and [Attachment 4—Suggested Guidelines for Rate Setting](#).

**Emergency Shelter Home (ESH) Rate**

Pursuant to CDSS MPP § 31-415, ESH rates are set for specific county-licensed/approved resource family homes providing children with short-term placements (30 days or less) as an alternative to being placed in Orangewood Children and Family Center (OCFC). The child’s case may be pending adjudication. Pursuant to CFS policy, the rate is set by contract between ESH parents and the County of Orange and is determined by the child’s age.

**Required approval:** SSW

- Required forms:**
- *Foster Care Application (FCApp) Information (F063-28-307)* (initial rate)
  - *Placement Information Change (PIC) Notice (F063-28-301)* (subsequent rate)
  - *Foster Child’s Data Record and AFDC-FC Certification (SOC 158A)* (refer to [CWS/CMS Data Entry Standards—Generating the SOC 158A](#))
  - *Statement of Facts Supporting Eligibility for AFDC-Foster Care (FC 2)* (refer to [CWS/CMS Data Entry Standards—Generating the FC 2](#))

See [Attachment 1—Foster Care Rates](#) for rate chart and [Attachment 4—Suggested Guidelines for Rate Setting](#).

**Foster Family Agency-Short Term (FFA-ST) Home Rate**

Pursuant to WIC § 11463(b), FFA-ST homes are certified/approved homes providing ESH placements when county-licensed/approved resource family ESH homes are unavailable. They receive the FFA rate but maintain ESH requirements.

**Required approval:** SSW

- Required forms:**
- *Foster Care Application (FCApp) Information (F063-28-307)* (initial rate)
  - *Placement Information Change*

(PIC)Notice (F063-28-301) (subsequent rate)

- *Foster Child’s Data Record and AFDC-FC Certification (SOC 158A)* (refer to [CWS/CMS Data Entry Standards—Generating the SOC 158A](#))
- *Statement of Facts Supporting Eligibility for AFDC-Foster Care (FC 2)* (refer to [CWS/CMS Data Entry Standards—Generating the FC 2](#))

See [Attachment 1—Foster Care Rates](#) for rate chart and [Attachment 4—Suggested Guidelines for Rate Setting](#).

**Temporary Shelter Home (TSH) Rate**

Pursuant to HSC § 1530.8 and WIC §§ 11402.5 and 11462, TSHs are group homes used for placement when licensed ESH or certified/approved resource family FFA-ST homes are unavailable. Group home rates apply and children are placed in a specific group home applicable to their age group.

**Required approval:** SSW

- Required forms:**
- *Foster Care Application (FCApp) Information (F063-28-307)* (initial rate)
  - *Placement Information Change (PIC) Notice (F063-28-301)* (subsequent rate)
  - *Foster Child’s Data Record and AFDC-FC Certification (SOC 158A)* (refer to [CWS/CMS Data Entry Standards—Generating the SOC 158A](#))
  - *Statement of Facts Supporting Eligibility for AFDC-Foster Care (FC 2)* (refer to [CWS/CMS Data Entry Standards—Generating the FC 2](#))

See [Attachment 1—Foster Care Rates](#) for rate chart and [Attachment 4—Suggested Guidelines for Rate Setting](#).

**Foster Family Agency (FFA) Rate**

Pursuant to WIC §§ 11463 and 18358.3, and CDSS MPP § 11-403, the rate-setting system for non-profit FFAs is the responsibility of CDSS and is based on the child’s age, placement type, and the level of treatment.

FFAs are required to provide more services to a child than a county-licensed/approved resource family home. FFA rates are set using the basic FFH rate plus an additional amount for the child's special needs, social work activities, administration, recruitment, and training costs.

**Required approval:** SSW

- Required forms:**
- *Foster Care Application (FCApp) Information (F063-28-307)* (initial rate)
  - *Placement Information Change (PIC) Notice (F063-28-301)* (subsequent rate)
  - *Foster Child's Data Record and AFDC-FC Certification (SOC 158A)* (refer to [CWS/CMS Data Entry Standards—Generating the SOC 158A](#))
  - *Statement of Facts Supporting Eligibility for AFDC-Foster Care (FC 2)* (refer to [CWS/CMS Data Entry Standards—Generating the FC 2](#))

See [Attachment 1—Foster Care Rates](#) for rate chart and [Attachment 4—Suggested Guidelines for Rate Setting](#).

## **Regional Center Rate**

Pursuant to WIC § 4786, Community Care Facilities (CCFs) are licensed by the Community Care Licensing (CCL) Division of CDSS. Each CCF vendored by Regional Center is designated one of four service levels. CCFs provide 24-hour placement for children with developmental disabilities in need of services, supervision, and/or assistance essential for self-protection or sustaining activities of daily living. Placements are primarily non-medical.

Pursuant to WIC § 4681.1, Intermediate Care Facilities (ICF) are health facilities licensed by the Licensing and Certification Division of California Department of Health Services. ICFs are divided into four types of care.

Rates for CCFs and ICFs are set by the Department of Developmental Services (DDS). CFS required placement services are included in the rate with the exception of P&I added for children eligible for Supplemental Security Income (SSI). Regional Center determines and recommends the appropriate type of facility and rate to meet the child's needs.

Further information may be obtained at the [DDS website](#).

**Required approval:**

- SSW
- Regional Center Living Options Resource Group

**Required forms:**

- *Foster Care Application (FCApp) Information (F063-28-307)* (initial rate)
- *Placement Information Change (PIC) Notice (F063-28-301)* (subsequent rate)
- *Foster Child's Data Record and AFDC-FC Certification (SOC 158A)* (refer to [CWS/CMS Data Entry Standards—Generating the SOC 158A](#))
- *Individual Health Care Plan (IHCP) (F063-28-384)* for medical placements
- *Certification for Special Treatment Program Services (HS 231)* for ICF placements (Regional Center Letter)

See [Attachment 1—Foster Care Rates](#) for rate chart and [Attachment 4—Suggested Guidelines for Rate Setting](#).

## Dual Agency Rate

Pursuant to WIC § 11464, ACL 08-54, and ACL 12-45, approved resource families, Kin-GAP, AAP and NRLG homes receive a special basic rate if they provide placement for a dual agency child (one who receives Regional Center consumer services as defined by the [Lanterman Developmental Disabilities Services Act](#), and/or those under age three receiving services under the California Early Intervention Services Act [CEISA]). Dual agency rates do not apply to GH or FFA placements.

**Exception:** For a child under three who is placed in a FFA vendorized home and receiving CEISA, the rate will be the Regional Center rate.

Pursuant to CDSS ACL 08-54, FC Eligibility will send an information letter defining dual agency children at each new foster care placement and reinvestigation.

For a child age three or older and needing extraordinary care and supervision that cannot be met by the basic dual agency rate, a supplement may be authorized for up to, but not exceeding, \$1,000 per month.

Supplement assessment will be initiated by the assigned SSW by mailing or faxing the *Supplement to the Rate Eligibility Form* (SOC 836) to the Regional Center. The requestor, if other than CFS, will be notified by the assigned SSW (*Dual Agency Rate Letter [F063-25-579]*) that the request has been received and determination will be completed within 90 days. A request to other professionals to complete the *Supplement to the Rate Questionnaire* (SOC 837) will be made by the assigned SSW if Regional Center information is insufficient to make a determination. If determination shows no need for the supplement, a denial notice will be sent by FC Eligibility.

The dual agency rate does not apply to children placed in licensed community care facilities that are vendorized by Regional Center.

The dual agency rate and supplement remain in effect until the child is no longer eligible to receive Regional Center services or is no longer eligible for AFDC-FC, Kin-GAP, or AAP benefits. A reinvestigation will occur on an annual basis for AFDC-FC cases and on a biannual basis for Kin-GAP and AAP cases

Pursuant to CFS policy, for children under age three, end dates will be recorded (day prior to child's third birthday) to avoid overpayments. Regional Center will be contacted to obtain information about the three-year-old transitioning into consumer status.

- Required approval:**
- SSW
  - Senior Social Services Supervisor (SSSS)
  - Program Manager (PM)

- Required forms:**
- For Basic Dual Agency rate:**
- *Foster Care Application (FCApp) Information (F063-28-307)* (initial rate)
  - *Placement Information Change (PIC) Notice (F063-28-301)* (subsequent rate)
  - *Foster Child's Data Record and AFDC-FC Certification (SOC 158A)* (refer to [CWS/CMS Data Entry Standards—Generating the SOC 158A](#))
  - *Statement of Facts Supporting Eligibility for AFDC-Foster Care (FC 2)* (refer to [CWS/CMS Data Entry Standards—](#))

[Generating the FC 2\)](#)

- *Specialized Foster Care Request (F063-28-164)*

**If evaluating a supplement:**

- *Dual Agency Rate Letter (F063-25-579)* acknowledging caregiver's supplement request
- *Supplement to the Rate Questionnaire (SOC 837)* for gathering information about the child's condition and need
- *Supplement to the Rate Eligibility Form (SOC 836)* for determining supplement rate level
- *Supplement to the Dual Agency Rate Multiple Questionnaire Worksheet (SOC 835)*, for compiling information from multiple professionals

See [Attachment 1—Foster Care Rates](#) for rate chart and [Attachment 4—Suggested Guidelines for Rate Setting](#).

**Multi-Dimensional Treatment Foster Care (MTFC) Home Rate**

Pursuant to CFS policy, MTFC homes provide short-term placement for Wraparound-eligible youth, ages 12 to 18 years, who can transition from a group home or failing placement to a family with specialized training in behavior modification and additional supports in place. MTFC homes are limited to one youth placement at a time. The youth must have an identified after-care family who is willing to provide placement after six to nine months in the treatment foster home and behaviors have stabilized.

Treatment rate is a contractual rate for all eligible youth with cost over the applicable foster care rate paid with Wraparound funds.

**Required approval:** MTFC Program Supervisor/HCA Psychologist

**Required forms:**

- *Foster Care Application (FCApp) Information (F063-28-307)* (initial rate)
- *Placement Information Change (PIC) Notice (F063-28-301)* (subsequent rate)
- *Intake and Consent for Behavioral Health Consultation/Case Management* (Health Care Agency form)

See [Attachment 1—Foster Care Rates](#) for rate chart and [Attachment 4—Suggested Guidelines for Rate Setting](#).

## Wraparound Rates

Pursuant to WIC § 18254 and ACL 10-15E, Wraparound rates are set by CDSS according to a RCL. Wraparound uses federal and non-federal foster care dollars to provide children and families with family-based service alternatives to group home care using the Wraparound process. Wraparound rates are subject to the annual increase in CNI.

**Required approval:** Wraparound Review and Intake Team (WRIT)

**Required forms:**

- *Foster Care Application (FCApp) Information (F063-28-307)* (initial rate)
- *Placement Information Change (PIC) Notice (F063-28-301)* (subsequent rate)

See [Attachment 1—Foster Care Rates](#) for rate chart and [Attachment 4—Suggested Guidelines for Rate Setting](#).

## Group Home Rate

Pursuant to WIC § 11462, CDSS MPP § 11-402, and ACL 10-15, GHs are licensed with rates set by CDSS according to the RCL. The RCL process uses a point system to measure the level/intensity of care, supervision, and mental health services provided. Pursuant to ACL 11-54, GH rates are subject to an annual increase in CNI.

GHs provide the most restrictive out-of-home placement option for children in foster care.

**Note:** Pursuant to ACL 10-21, GH rates must be for non-profit homes in order to qualify for AFDC-FC funding. GH placements that are for-profit may only be funded by county funds. (This applies to both in-state and out-of-state GHs.)

Pursuant to ACL 10-38, for GH placements out-of-state, the rate paid will be the rate established by the rate setting authority of the other state. The rate will only include allowable costs such as food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to the child, and reasonable travel to the child's home for visitation. Allowable costs also include reasonable administration and operational activities such as social work. The total rate will not exceed the current year's RCL 14 rate as published by CDSS.



- Required approval:**
- SSW
  - SSSS
  - PM

- Required forms:**
- *Foster Care Application (FCApp) Information (F063-28-307)* (initial rate)
  - *Placement Information Change (PIC) Notice (F063-28-301)* (subsequent rate)
  - *Foster Child's Data Record and AFDC-FC Certification(SOC 158A)* (refer to [CWS/CMS Data Entry Standards—Generating the SOC 158A](#))
  - *Statement of Facts Supporting Eligibility for AFDC-Foster Care (FC 2)* (refer to [CWS/CMS Data Entry Standards—Generating the FC 2](#))

See [Attachment 1—Foster Care Rates](#) for rate chart and [Attachment 4—Suggested Guidelines for Rate Setting](#).

**Transitional  
Housing  
Placement  
Program  
(THPP)**

THPP is a program that offers foster youth housing support as they transition into adulthood. Pursuant to WIC § 11403.3, a transitional housing placement provider that provides transitional housing services to an eligible foster youth (in a facility licensed pursuant to HSC § 1559.110[a]) will be paid as follows:

- For a program serving foster children who are at least 16 years of age and not more than 18 years of age, a monthly rate that is 75 percent of the average foster care expenditures for foster youth 16 to 18 years of age, inclusive, in GH care in the county in which the program operates

- Required approval:**
- SSW
  - SSSS
  - PM

- Required forms:**
- *Foster Child's Data Record and AFDC-FC Certification (SOC 158A)*
  - *Placement Information Change (PIC) Notice (F063-28-301)*

See [Attachment 1—Foster Care Rates](#) for rate chart and [Attachment 4—Suggested Guidelines for Rate Setting](#).

**Specialized  
Care  
Increments**

Pursuant to WIC § 11461, CDSS MPP § 11-401.3, and ACIN I-05-10, SCIs are amounts paid in addition to the basic rate for children requiring specialized care. Per CFS policy, medical and/or behavioral care needs will be documented to receive a SCI. These SCI rates are proposed by the county and approved by CDSS.

**Note:** If a child has both medical and emotional/behavioral issues that qualify for both types of SCI rates, staff will use the appropriate rate corresponding with the child’s dominant care needs.

**SCI—Special  
Medical**

Special needs of the child’s placement are defined by:

- Medical needs of the child
- Level of care and supervision required to meet those needs

Per CFS policy, Special Medical SCI rates will be reviewed every six months to assess the changing needs of the child and to reauthorize the rate based on current needs.

See CFS P&P [Special Medical Placements \(K-0801\)](#) for other conditions that may apply to special medical placements.

A. **All Levels:**

- Required approvals:**
- SSW
  - SSSS
  - PM

- Required forms:**
- *Medical Rate Review Worksheet (F063-25-385)*
  - *Specialized Foster Care Request (F063-28-164)*, with a description of the child’s exceptional care needs and documentation supporting the child’s recommended rate level (e.g., discharge summaries, developmental screenings and/or physician reports), and comments of the Public Health Nurse (PHN), as needed
  - *Foster Care Application (FCApp Information (F063-28-307)* (initial rate)
  - *Placement Information Change (PIC) Notice (F063-28-301)* (subsequent rate)

**B. Levels III–IV, A-B Special Medical Placement Cases:**

- Required approvals:**
- SSW
  - Special Medical Unit SSSS
  - SFS PM

- Required forms:** Above referenced forms, **plus:**
- *Individual Health Care Plan (F063-28-384)*, for initial authorization, completed by Special Medical Intake or Placement SSW (may be the hospital discharge plan)
  - *Interdisciplinary Case Review (F063-25-471)* for documenting results of the six-month case review attended by child’s assigned SSW, caregiver, SSSS, Program PHN, and other service providers, as appropriate
  - *Specialized Foster Care Request (F063-28-164)*, with SFS Special Medical SSSS and PM signatures

**Note:** Total care/non-medical placement cases assessed at Levels III and IV that do not fall within the parameter of WIC §§ 17731–17732 (Bates Bill) do not require these additional forms or approval signatures. For these cases, use forms under “All Levels” listed above.

Pursuant to WIC § 4681.1, Regional Center consumers placed in Regional Center homes/facilities are not eligible for SCI rates and do not require rate reauthorization by CFS.

Pursuant to CFS policy, children receiving Regional Center services may be placed in non-Regional Center homes/facilities. These Regional Center consumers are eligible for an SCI rate subject to the guidelines above for the authorization of applicable Medical or Emotional/Behavioral SCI rates.

**SCI—  
Emotional/  
Behavioral**

An Emotional/Behavioral SCI rate may be requested in addition to the basic rate for a child’s special placement needs that require an extraordinary amount of supervision, effort, and skill on the part of a caregiver. These special needs are defined by:

- Documented emotional or behavioral needs of the child
- Level of care and supervision required to meet those needs

Emotional/Behavioral SCI rates will be reviewed every six months to assess the changing needs of the child and to reauthorize the rate based on current needs.

- Required approvals:**
- SSW
  - SSSS
  - PM

- Required forms:**
- *Emotional/Behavioral Rate Review Worksheet ( F063-25-386)*
  - *Specialized Foster Care Request (F063-28-164)*
  - *Therapeutic Care Plan (F063-25-432)* for therapeutic level rate

Refer to:

- [Attachment 1](#) for Foster Care SCI rate chart
- [Attachment 2](#) for Kin-GAP/NRLG SCI rate chart
- [Attachment 3](#) for AAP SCI rate chart

See following sections of [Attachment 4—Suggested Guidelines for Rate Setting](#):

- Initial SCI Medical Rate
- SCI Emotional/Behavioral Rate
- Reassessment SCI Medical Rate

**Special Care Increment Rate Changes**

Pursuant to CFS policy, as a child’s SCI rate fluctuates due to changing care needs during placement, the caregiver will receive notice prior to adjustment of the rate.

When a child’s need for specialized care appears to decrease, the caregiver will be informed verbally by the assigned SSW of the potential rate decrease prior to the six-month rate review. If the rate review process supports a rate decrease, the SCI rate will be adjusted to the appropriate level at completion of the current six-month period and the caregiver notified in writing by FC Eligibility.

When a child’s condition indicates a need for an SCI increase, the SCI rate will be reviewed, documented, and the child’s rate will be adjusted at any time during the six-month period.

Pursuant to WIC §§ 11387 and 11401.5, Kin-GAP, NRLG, and FFHs are eligible for age related increases. FC Eligibility automatically notifies the assigned SSW and requests an updated *Specialized Foster Care Request (F063-28-164)*.

**Clothing Allowances**

As stated in WIC § 11461, CDSS no longer participates in clothing allowances for children.

**Infant Supplement**

Pursuant to WIC § 11465, ACL 08-01, and CDSS MPP § 11-415, an infant supplement rate, in addition to the AFDC-FC payment, is available for placement of minors who have dependent children. This includes minors placed in approved resource family homes, FFAs, and Kin-GAP homes. Pursuant to CFS policy, minors with non-dependent infants are also eligible for rate assistance.

**Required approvals:** SSW

**Required forms:**

- *Placement Information Change (PIC) Notice (F063-28-301)*
- *Foster Child's Data Record and AFDC-FC Certification (SOC 158A)* (refer to [CWS/CMS Data Entry Standards—Generating the SOC 158A](#))

See [Attachment 1—Foster Care Rates](#) for rate chart and [Attachment 4—Suggested Guidelines for Rate Setting](#).

**Supplement for Child in Hospital or Institution**

Pursuant to WIC § 12200, a child may receive a P&I allowance while hospitalized in a Medi-Cal facility. Pursuant to CFS policy, if the child is SSI eligible, the amount is paid from county funds and reimbursed by the Social Security Administration (SSA) when SSI is approved for the child. For non-SSI eligible children, the allowance is paid from county funds with no SSA reimbursement. The assigned SSW will consult with the child's ET before submitting this request.

**Required approvals:**

- SSW
- ET

**Required forms:** *County Funds Request (F063-25-415)*

See [Attachment 1—Foster Care Rates](#) for rate chart and [Attachment 4—Suggested Guidelines for Rate Setting](#).

**Allowance for Funeral Expenses**

Pursuant to WIC § 11212 and CDSS MPP § 11-420.2, funeral expenses are available for reimbursement if a child was receiving foster care services (i.e., in out-of-home care) at the time of death. The rate is set by CDSS and can be found on [Attachment 1—Foster Care Rates](#).

**Note:** For children who have been removed from their home, but have not yet entered foster care at the time of death, alternative funding may be available through county funds. Refer to CFS P&P [County Funds Request \(H-0119\)](#) for additional information.

A caregiver may request a funeral other than that provided by the county. The caregiver may request reimbursement of funeral expenses up to the CDSS rate (currently \$5,000) for costs incurred for such purposes which are not otherwise reimbursed. Direct payment can be made to the funeral home for the funeral and burial plot upon either the caregiver’s request or when death is due to allegations of criminal negligence or other action.

- Required approvals:**
- SSW
  - SSSS
  - PM
  - Deputy Director

**Required forms:** *County Funds Request (F063-25-415)*

See [Attachment 1—Foster Care Rates](#) for rate chart and [Attachment 4—Suggested Guidelines for Rate Setting](#).

**Reimbursement for Educational Travel**

Pursuant to ACL 11-51, educational travel expenses for reasonable travel for a child to his/her school of origin are reimbursable. Rates are set by CDSS.

Resource families and FFAs will be reimbursed for the cost of transporting a child to and from the child’s school of origin. Travel costs include:

- Daily cost of transport to and from school
- Transport to extracurricular activities
- Sports activities
- School dances and after school activities
- Parent-teacher conferences
- Pickup due to appointments or illnesses
- Other education-related travel

Reimbursement begins when a child becomes eligible for foster care maintenance payments and attends kindergarten through 12<sup>th</sup> grade.

If public transportation is selected as the appropriate means of travel for a child, the cost of a monthly bus pass will be reimbursed to the caregiver. If the cost of a public transportation pass falls between two levels, the caregiver will always be reimbursed at the higher of the two levels.

**Required approvals:**

- SSW
- SSSS

**Required forms:** *Request for Reimbursement—School of Original Transportation Expense (F063-25-687)*

See [Attachment 1—Foster Care Rates](#) for rate chart and [Attachment 4—Suggested Guidelines for Rate Setting](#).

**Out-of-County/  
State  
Placements**

Pursuant to WIC §§ 11460 and 11462, Orange County remains financially responsible for children with open dependency cases placed out-of-county or out-of-state.

For federal AFDC-FC children placed in out-of-county or out-of-state licensed foster homes, approved relative, NREFM, NRLG, or Kin-GAP homes, CFS will pay the rate of the host county (county of child’s residence) or host state plus SCI, if appropriate. If the county of residence or state does not have an SCI program, eligible children will receive the Orange County SCI rate.

For out-of-state GH placements, the host state rate will not exceed the current fiscal year’s RCL 14 rate. Only allowable costs, as detailed previously in Policy section “Group Home Rate,” may be claimed for state or federal AFDC-FC purposes. The GH must be a licensed non-profit certified by CDSS Community Care Licensing Division (CCLD).

For children not eligible for state or federal AFDC-FC, CFS will pay the CalWORKs rate (applies only to relatives) after verifying that the relative has been denied cash assistance in the host state.

Pursuant to CFS policy, the assigned SSW will obtain initial authorization followed by re-authorization every six months for out-of-county or state SCI placements and rates, including consideration of the other county's criteria for SCIs.

**Exception:** Six-month rate review meetings (in-person or telephonic) will occur at the discretion of the SSW and SSSS.

**Required approvals:**

- SSW
- SSSS

**Required out-of-County form:** *Foster Child's Data Record and AFDC-FC Certification (SOC 158A)* (refer to [CWS/CMS Data Entry Standards—Generating the SOC 158A](#))

**Required out-of-state form:** *Federal Medicaid (Title IV-E) Eligibility/Ineligibility and Medical/Financial Plan (F063-25-246)*

**County Funds** Pursuant to CFS policy, when a child and/or placement does not qualify for AFDC-FC, or when the child has needs outside of regular placement costs, county funds may be appropriate. Refer to CFS P&P [County Funds Requests \(H-0119\)](#) for guidelines regarding these costs, required approvals, and related forms.

**Case Consultation** Per best practice, the assigned SSW may consult for assistance in setting rates, ensuring the child's needs are met, or assessing case transfer to a specialized program. Consultation resources are case-specific and may include:

- Public Health Nurse (PHN)
- Continuing Care Placement Unit (CCPU) psychologist

Per CFS policy, case consultation will be requested from:

- SFS Special Medical (SM) Intake SSW or SSSS for children who appear to qualify for Level III, IV, A, or B rate
- Permanency Services Program (PSP) Placement SSW or SSSS for children who:
  - Are receiving or appear to qualify for an Intensive or Therapeutic rate
  - Recently underwent a psychiatric hospitalization
  - Are diagnosed as Severely Emotionally Disturbed (SED) via an Individualized Education Plan (IEP)



- Case Records** Pursuant to CFS policy, rate information will be recorded in the child’s CWS/CMS electronic file, per [CWS/CMS Data Entry Standards—Foster Care Rates and Incidental Payments](#). Foster care rates will be entered as ongoing requests and include projected end dates on SCI rates. Adoption expenses and burial expenses will be entered as incidental payments.
- Notices** Pursuant to CDSS Operations Manual § 10-116, the out-of-home caregiver will receive a *Notice of Action: Foster Care Change (NA Back 9)* from FC Eligibility when a change is made in the child’s foster care rate. The notice will contain information about the caregiver’s right to request a hearing within 90 days of being notified of the change, if they believe the change is in error.
- Rate Appeals** Pursuant to All County Information Notice (ACIN) I-12-09, the county appeals representative is encouraged to resolve disagreements regarding foster care rates at the lowest level possible. Pursuant to WIC § 10950, at any time during this informal procedure, the out-of-home caregiver may request a State Hearing.
- Pursuant to CDSS MPP § 40-107(e), the caregiver will be referred to request a State Hearing as directed on the *Notice of Action: Foster Care Change (NA 9)*. Refer to CFS P&P [State Hearings \(B-0122\)](#) for additional information.
- Foster Care Overpayments** Pursuant to CFS Policy, to avoid overpayments social work staff must notify FC Eligibility of a placement change or change in placement circumstance. This initial notification will stop payment to the placement and will be completed as soon as possible, but no later than 24 hours after the change.
- Refer to CFS P&P [Placement Change Notification \(K-0209\)](#) for further guidelines.
- When an overpayment occurs, notification will be made by FC Eligibility to the out-of-home caregiver or the NMD by letter. The amount and reason for overpayment will be included. Pursuant to CDSS MPP § 45-304.122, repayment of overpayments will be required from approved FFHs, approved resource family homes, and NRLGs if the caregiver had knowledge of, or contributed to, the cause of the overpayment.
- FFAs, GHs, and Small Family Regional Center Homes are legally required to repay the overpayment.

All other placements are legally uncollectable (e.g., approved resource family homes, NRLG), however a request will be made to return the overpayment voluntarily to Social Services Agency (SSA) Financial Resources, P.O. Box 1965, Santa Ana, CA 92702.

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## REFERENCES

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### Attachments and CWS/CMS Data Entry Standards

Hyperlinks are provided below to access attachments to this P&P and any CWS/CMS Data Entry Standards that are referenced.

- [CWS/CMS Data Entry Standards—Foster Care Rates and Incidental Payments](#)
  - [CWS/CMS Data Entry Standards—Generating the FC 2](#)
  - [CWS/CMS Data Entry Standards—Generating the SOC 158A](#)
  - [Attachment 1—Foster Care Rates](#)
  - [Attachment 2—State and Federal Kin-GAP and Non-Related Legal Guardian Basic Rates](#)
  - [Attachment 3—Adoption Assistance Program Rates](#)
  - [Attachment 4—Suggested Guidelines for Rate Setting](#)
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### Hyperlinks

Users accessing this document by computer may create a direct connection to the following references by clicking on them.

- CFS P&P [County Funds Requests \(H-0119\)](#)
- CFS P&P [Special Medical Placements \(K-0801\)](#)
- CFS P&P [Placement Grievance Review \(K-0206\)](#)
- CFS P&P [Placement Change Notification \(K-0209\)](#)
- CFS P&P [Adoptions Assistance Program \(C-0501\)](#)
- CFS P&P [Kin-GAP \(H-0113\)](#)
- CFS P&P [State Hearings \(B-0122\)](#)
- [CDSS Regional Center Facilities](#)
- [Regional Center of Orange County \(RCOC\)](#) provides local services and resources for eligible consumers
- [CDSS Children and Family Services Division](#) provides foster care rates for group homes and foster care agencies
- [SSA Program Integrity](#) provides information about the formal appeals process in Orange County

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**Other Sources** Other printed references include the following:

None.

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## FORMS

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**Online Forms** Forms listed below may be printed out and completed, or completed online, and may be accessed by clicking on the link provided.

| <b>Form Name</b>  | <b>Form Number</b> |
|---|--------------------|
| <a href="#">Payment Instructions–Adoption Assistance Program</a>  | AAP 2              |
| <a href="#">Adoption Assistance Agreement</a>   | AD 4320            |
| <a href="#">Adoption Assistance Agreement (Spanish)</a>   | AD 4320 Sp         |
| <a href="#">Letters of Guardianship (Juvenile)</a>  | JV-330             |
| <a href="#">Kin-GAP Packet Request Memo</a>   | F063-25-668        |
| <a href="#">Statement of Facts Supporting Eligibility for Kinship Guardianship Assistance Payment (Kin-GAP) Program</a> | KG 2               |
| <a href="#">Agency–Relative Guardianship Disclosure</a>   | SOC 369            |
| <a href="#">Kinship Guardianship Assistance Payment Program Agreement Amendment</a>                                     | SOC 369A           |
| <a href="#">Request for Adoption Assistance Program Benefit</a>   | AAP 1              |
| <a href="#">AAP Packet Request Memo</a>   | F063-25-631        |
| <a href="#">Eligibility Certification–Adoption Assistance Program</a>   | AAP 4              |
| <a href="#">Adoption Assistance Program Negotiated Benefit Amount and Approval</a>                                      | AAP 6              |
| <a href="#">Determination of Federal AFDC-FC Eligibility</a>  | FC 3               |
| <a href="#">Federal Eligibility Certification for Adoption Assistance Program</a>                                       | FC 8               |
| <a href="#">Income and Property Checklist for Federal Eligibility Determination–Adoption Assistance Program</a>         | FC 10              |
| <a href="#">Specialized Foster Care Request</a>   | F063-28-164        |
| <a href="#">Medical Rate Review Worksheet</a>   | F063-25-385        |
| <a href="#">Emotional/Behavioral Rate Review Worksheet</a>  | F063-25-386        |
| <a href="#">Specialized Medical Training Documentation</a>  | F063-25-455        |
| <a href="#">Individual Health Care Plan (IHCP)</a>  | F063-28-384        |
| <a href="#">Interdisciplinary Case Review</a>   | F063-25-471        |
| <a href="#">Therapeutic Care Plan</a>   | F063-25-432        |

|   |                    |
|---|--------------------|
| <a href="#">Therapeutic Care Plan (Spanish)</a>                                     | F063-25-432Sp      |
| <a href="#">Placement History Face Sheet</a>  | F063-25-SOC<br>153 |
| <a href="#">Dual Agency Rate Letter</a>   | F063-25-579        |
| <a href="#">Placement Coordination Stop Payment Memo</a>                            | F063-29-61         |
| <a href="#">Supplement to the Rate Questionnaire</a>                                | SOC 837            |
| <a href="#">Supplement to the Rate Eligibility Form</a>                             | SOC 836            |
| <a href="#">Supplement to the Dual Agency Rate Multiple Questionnaire Worksheet</a> | SOC 835            |

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**Hard Copy Forms**

Forms that may be completed in hard copy (including multi-copy NCR forms) are listed below. ***For reference purposes only***, links are provided to view these hard copy forms, where available.

| <b>Form Name</b>   | <b>Form Number</b> |
|--|--------------------|
| <a href="#">County Funds Request</a>   | F063-25-415        |
| <a href="#">Federal Medicaid (Title IV-E)</a>  | F063-25-246        |
| <a href="#">Eligibility/Ineligibility and Medical/Financial Plan Certification for Special Treatment Program Services</a> (Regional Center letter) | HS 231 (RCOC form) |
| Intake and Consent for Behavioral Health Consultation/Case Management  | (HCA form)         |
| Placement Acco   | F063-25-106        |

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**CWS/CMS Forms**

Forms that may **only** be obtained in CWS/CMS are listed below. ***For reference purposes only***, links are provided to view these CWS/CMS forms, where available.

| <b>Form Name</b>  | <b>Form Number</b> |
|---|--------------------|
| <a href="#">Foster Care Application (FCApp) Information</a>                         | F063-28-307        |
| <a href="#">Placement Information Change (PIC) Notice</a>                           | F063-28-301        |
| <a href="#">Approval of Family Caregiver Home</a>                                   | SOC 815            |
| <a href="#">Application For Cash Aid, Food Stamps, And/Or Medi-Cal/State CMSP</a>   | SAWS 1             |
| <a href="#">Request for Reimbursement—School of Original Transportation Expense</a> | F063-25-687        |
| <a href="#">Foster Child’s Data Record and AFDC-FC Certification</a>                | SOC 158A           |
| <a href="#">Statement of Facts Supporting Eligibility for AFDC-Foster Care (FC)</a> | FC 2               |
| <a href="#">Notice of Action: Foster Care Change</a>                                | NA Back 9          |

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**Brochures**

Brochures to distribute in conjunction with this procedure include:

|  | <b>Brochure Name</b> | <b>Brochure Number</b> |
|--|----------------------|------------------------|
|  | None.                |                        |

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**LEGAL MANDATES**

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[California Department of Social Services \(CDSS\) Manual of Policy and Procedure \(MPP\) Section \(§\) 11-401.3](#) describes the Family Home Specialized Care Rate System.

[CDSS MPP § 11-402](#) details the process for Group Home (GH) rate setting.

[CDSS MPP § 11-403](#) defines the process for Foster Care rate setting.

[CDSS MPP § 11-415](#) describes factors for an infant supplement.

[CDSS MPP § 11-420.2](#) defines the state allowance for funeral expenses for dependents who die in out-of-home care.

[CDSS MPP § 31-415](#) details the provision of funding for Emergency Shelter Care (ESH).

[CDSS Eligibility and Assistance Standard \(EAS\) Manual § 40-107\(e\)](#) states that whenever there is a change in aid, the recipient may elect to take the matter to a state hearing.

[CDSS EAS Manual § 45-304.122–.125](#) defines the type of placements requiring repayment of overpayments.

[CDSS Operations Manual § 10-116](#) states when a notice of action will be sent to aid recipient.

[Health and Safety Code \(HSC\) § 1530.8](#) describes the criteria to qualify as a Temporary Shelter Home (TSH).

[Welfare and Institutions Code \(WIC\) Section § 4681.1](#) details the composition and application of rates for Community Care Facilities.

[WIC § 4786](#) outlines the authority for establishing a system of statewide rates for Regional Center.

[WIC § 11212](#) provides for reimbursement to foster parents for the cost of burial of a foster child.

[WIC § 11364](#) details rules governing the provision of state Kin-GAP payments.

[WIC § 11387](#) describes the eligibility requirements for receipt of federal Kin-GAP payments.

[WIC § 11391\(c\)\(1\)](#) defines relative for Federal Kin-GAP purposes.

[WIC § 11401.5](#) authorizes review of a child's foster care payment annually.

[WIC § 11402.5](#) provides for payment of AFDC-FC funds for children residing in TSH.

[WIC § 11403.01](#) describes the conditions under which a Kin-GAP guardian may receive benefits while the youth attends high school or vocational training program with the expectation of completion prior to the youth's 19<sup>th</sup> birthday.

[WIC § 11403.3](#) details the rate methodology for Transitional Housing Placement Program (THPP)

[WIC § 11405](#) establishes the payment of AFDC-FC funds to children living with a Non-Related Legal Guardian (NRLG).

[WIC § 11460](#) directs CDSS to administer a rate-setting system for the AFDC-FC program. Care and supervision by placement type are defined. CDSS is further authorized to develop regulations for the placement in out-of-state group homes.

[WIC § 11461](#) directs basic rate methodology for licensed homes, relative and NREFM homes, specialized care increments, clothing allowances, and the state supplemental clothing allowance for children.

[WIC § 11462](#) directs CDSS to establish foster care rates for group homes based on a classification system, with review on a biennial basis.

[WIC § 11463\(b\)](#) provides that Foster Family Agencies (FFAs) may develop homes used for emergency shelter care.

[WIC § 11464](#) details instructions regarding foster care rates for dual agency children. Further, foster care rates will be increased annually according to the change in the CNI.

[WIC § 11465](#) describes the amount paid as an infant supplement for a dependent child in the care of a dependent teen mother.

[WIC § 12200](#) authorizes the payment of funds for Personnel and Incidental (P&I) needs for children residing in a Medi-Cal facility.

[WIC § 16120](#) describes the eligibility requirements and benefits covered by the Adoption Assistance Payment (AAP) Program.

[WIC § 16121](#) details the payment structure necessitated by the settlement of California State Foster Parent Association, et al. v. William Lightbourne, et al. (U.S. Dist. Ct. No. C 07-05086 WHA). The new basic rates will also be adjusted annually by changes in the CNI.

WIC §§ [17710](#), [17730](#), [17731](#), [17732](#) and [17736](#) implements the Bates Bill by addressing the special health care needs of children in terms of placement options, use of specialized foster care homes, qualifications of caregivers, and the requirement for an individualized health care plan.

[WIC § 18254](#) details the methodology and rate structure for the Wraparound program.

[WIC §§ 18358–18358.37](#) provide a detailed explanation of the intent and the requirements for an Intensive Treatment Foster Care (ITFC) program.

CDSS [All County Information Notice \(ACIN\) I-12-09](#) confirms the authority of the county appeals representative to resolve a case at the lowest possible administrative level on behalf of the county, either before or during a state hearing.

CDSS [ACIN I-05-10](#) states that the basic rate is independent of the specialized care rate.

CDSS [All County Letter \(ACL\) 08-01](#) provides basic rate increases effective January 1, 2008.

CDSS [ACL 08-17](#), [ACL 08-54](#), and [ACL 10-16](#) provide implementation guidelines and clarification for dual agency foster care rates.

CDSS [ACL 09-45](#), [ACL 09-45E](#), [ACL 09-85](#), [ACL 09-85E](#), [ACL 10-02](#) provide and subsequently reverse changes to GH rates, Wraparound rates, and RCLs for GH.

CDSS [ACL 10-15](#) and [ACL 10-15E](#) change GH rates, wraparound rates, and RCLs effective December 14, 2009 in response to a court order in the case of *California Alliance of Child and Family Services v. Cliff Allenby et al.* 589 F.3d 1017 (9<sup>th</sup> Cir.2009).

CDSS [ACL 10-21](#) addresses the requirements and procedures for children placed out-of-state.

CDSS [ACL 10-38](#) implements increased GH and wraparound rates per an increase in the CNI of 1.57 percent effective July 1, 2010.

CDSS [ACL 11-15](#) changes the eligibility requirements, rates, benefits, and funding sources for the Kin-GAP program.

CDSS [ACIN I-20-11](#) , [ACL 11-42](#) and [ACL 11-42E](#) provide new licensed FFH rates, effective May 1, 2011, resulting from a court order issued in the case of *California State Foster Parent Association et al v. William Lightbourne et al.*

CDSS [ACL 11-51](#) defines educational stability and provides reimbursement rates for the cost of educational travel for a child in care to his/her school of origin.

CDSS [ACL 11-54](#) notifies of an increase in GH and wraparound rates of 1.92 percent effective July 1, 2011.

CDSS [ACL 11-63](#), [ACL 11-63E](#), and [ACL 11-74](#) apply the new licensed FFH basic rate methodology to approved relative homes, NREFMs, Kin-GAP guardianships, tribal specific homes, NRLG homes, and adoptive placements effective January 1, 2012.

CDSS [ACL 12-43](#) and [ACL 12-45](#) increase AFDC-FC, AAP, and other program rates, effective July 1, 2012, due to an increase in the CNI.

CDSS [ACL 12-18](#) mandates the use of *Adoption Assistance Program Negotiated Benefit Amount and Approval (AAP 6)* in documenting AAP rate negotiations.

CDSS [ACL 13-62](#), [ACL 13-62E](#), and [ACL 13-63](#) increase AFDC-FC, AAP, and other program rates, effective July 1, 2013, due to an increase in the CNI.

CDSS [ACL 14-28](#) expands the federal definition of relative for Kin-GAP purposes.

CDSS [ACL 14-44](#) and [ACL 14-45](#) increase AFDC-FC, AAP, and other program rates, effective July 1, 2014, due to an increase in the CNI.

CDSS [ACL 15-55](#), [ACL 15-58](#) and [ACL 15-58E](#) increase AFDC-FC, AAP, and other program rates, effective July 1, 2015, due to an increase in the CNI.

CDSS [ACL 16-55](#) and [ACL 16-57](#) increase AFDC-FC, AAP, and other program rates, effective July 1, 2016, due to an increase in the CNI.

CDSS [ACL 16-54](#) clarifies documentation requirements necessary to establish eligibility for a dual rate pursuant to the Court holding in *Compton vs. CDSS*.

[CDSS Resource Family Approval Program Written Directive, Version 2.1](#) defines resource family and the rates applicable to this type of placement.



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## REVISION HISTORY

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Since the Effective Date of this P&P, and prior to the Current Revision Date, the following revisions of this P&P were published:

December 7, 2007  
March 6, 2008  
April 3, 2009  
October 22, 2009  
April 6, 2010

October 20, 2010  
October 26, 2011  
June 14, 2012  
June 6, 2013  
January 14, 2016